

Specialized Treatment Services

III. CONTRACTOR RESPONSIBILITIES

A. Requirements and Procedures

The contractor shall:

1. Establish an automated system for identification of all designated national STSFs (with the associated STS CPT codes and DRGs) and regional and multi-regional STSFs (with the associated STS CPT codes, DRGs, and the zip codes) applicable to the contractor's region. A listing of current designated STSFs with the associated effective dates, STS CPT codes, DRGs, and catchment areas is provided in [Section IV](#) of this Chapter. The regional and multi-regional STSF zip codes will be provided to the contractor by TMA as provided in [Section I.D](#) of this Chapter. Additionally, the contractor shall maintain an automated authorization file or an automated system of flagging to ensure that claims for STS are processed consistent with authorizations. Authorization data or flags must be posted and/or set within five (5) work days of issuance of the authorization.

2. Not add or delete STSF zip codes or *the designated STS DRGs and associated procedure codes* without the approval of the government. *For professional claims that may be associated with an STSF episode of care, only those CPT-4 codes associated with the designated DRGs will be considered an STS. Any CPT-4 code found not to be associated with the designated STS DRG will not require an STSF NAS.*

3. Educate beneficiaries within their region(s) on the procedures necessary to access STSF care through their periodic bulletins/newsletters.

4. Refer all requests for designated STS to the Health Care Finder (HCF) for an authorization. The HCF shall first determine whether space is available at an STSF prior to authorizing care from any other provider. The authorization shall specify whether the care is authorized from the STSF, a network provider or a non-network provider.

5. Have the HCF review care the STSF cannot provide. If appropriate, issue the authorization and refer the beneficiary to an appropriate provider for care. If the contractor determines it is not appropriate to issue an authorization, the contractor will assist the beneficiary in resolving issues surrounding issuance of an authorization (e.g., appeal) and in obtaining needed services. The HCF shall ensure that the beneficiary, provider and appropriate claims processor are notified that an authorization has been issued.

6. Have the HCF issue authorizations which are consistent with the STSF NAS. (See the [OPM Part Three, Chapter 1, Section II](#).)

7. Ensure that care authorized/paid by the contractor is covered under the TRICARE regulation/contract/policies.

8. When processing STS claims, query DEERS for determination of STSF NAS and TRICARE eligibility. The contractor will also verify that the required authorization and/or referral for care are on file.

NOTE:

Family members who have been abused are entitled to STS provided that the care is directly related to the abuse. As these beneficiaries cannot be issued

an NAS on DEERS, they must submit the hardcopy of the STSF NAS for processing of their STS claim. (See the [Policy Manual, Chapter 9, Section 10.1B](#) for information on abused family members.)

9. Deny all claims for (or associated with) STSF designated procedures for applicable STSF catchment areas not having a valid STSF NAS on DEERS, unless, the care is determined by medical review to be emergency or the care is provided under the primary coverage of another insurance plan or program. For all STSF NASs issued, the contractor shall check DEERS for the STSF NAS authorization. If there is no authorization found on DEERS, but there is a hardcopy STSF NAS attached to the claim, the contractor shall obtain the information from the hardcopy and process the claim in the same manner as if the NAS were on DEERS.

NOTE:

(1) Evaluation of a potential candidate's suitability for an STS (whether or not the patient is ultimately accepted as a candidate for the STS) is not subject to the STSF NAS requirement

*(2) An STSF NAS is not required for TRICARE Prime enrollees even when these beneficiaries use the Point of Service (POS) option. A TRICARE Prime enrollee must have a referral from his/her Primary Care Manager (PCM) and an authorization from the Health Care Finder (HCF). **The Health Care Finder shall first determine whether space is available at an STSF prior to authorizing care. The authorization shall specify whether the care is authorized from an STSF, a network provider or a non-network provider (identifying the name, address and telephone number of the STSF or civilian provider). If space is available at an STSF the HCF shall authorize care from the STSF.** For network providers, penalties for failure to obtain the required referral and authorization will be administered according to the network provider agreements under TRICARE. If Prime enrollees receive health care services from non-network civilian providers without the required referral and HCF authorization, the contractors shall reimburse the services on a Point of Service basis. Special cost-sharing requirements apply to Point of Service claims. For specific information on Point of Service cost-shares and catastrophic cap calculations, see the [Policy Manual, Chapter 12, Section 2.2, Section 10.1](#) and [Chapter 13, Section 14.1](#).*

10. Use the following EOB message when denying STS claims due to the lack of a hardcopy STSF NAS or STSF NAS authorization on DEERS, "Claim denied; Specialized Treatment Service Nonavailability Statement authorization not on DEERS - Contact the Specialized Treatment Service Facility."

11. Develop all claims when required information is missing or inconsistent (i.e., different procedure/provider etc.).

12. Except as provided in [Section III.A.9](#) of this Chapter, deny all claims for care provided outside the authorized period or for which no authorization has been issued by the HCF (i.e., no authorization on file or an authorization not submitted with claim).

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NOTE:

Beneficiary should be advised that upon submission of a copy of the authorization, new or retroactive, previously denied claims may be paid.

13. Ensure that retroactive authorization is accompanied by a retroactive STSF NAS. A retroactive STSF NAS can be identified on DEERS by the last three digits (900-999) of the STSF NAS number.

14. Process for payment all claims having a valid STSF NAS on DEERS when the dates of care are consistent with the STSF NAS authorized dates of care. See [Section III.A.9.](#) of this Chapter.

15. Deny STS claims when DEERS indicates the patient is not TRICARE eligible with the exception of STS claims for abused family members. See the **NOTE** in [Section III.A.8.](#) of this Chapter. For eligibility verification of abused family members, see the [Policy Manual, Chapter 9, Section 10.1B.](#)

16. Prior to processing/payment, check the validity date of the STSF NAS against the dates of service and apply the inpatient NAS validity policy and procedures. (See the [Policy Manual, Chapter 11, Section 2.1.](#)) With the exception of bone marrow and organ transplantation, STSF NASs are valid for thirty (30) calendar days from the date of issuance. STSF NASs for bone marrow and organ transplantation have no expiration date unless canceled by the issuing STSF because the care became available at the STSF and the beneficiary has agreed to having the STSF perform the organ transplantation. For STSF NAS authorized care involving a bone marrow or organ transplantation, the contractor is required to verify with the STSF that the STSF NAS was not canceled and that the DEERS verification remains accurate.

17. Create and submit a HCSR for STS claims following the guidelines in the [ADP Manual, Chapters 2, 5, and 6.](#)

NOTE:

For living-related donor liver transplants (LRDLTs) performed prior to June 1, 1999, contractors will use NAS Exception Reason "O" in HCSR reporting, as STSF NAS is not required for LRDLTs for admissions prior to June 1, 1999.

18. *Perform other functions as provided in this Chapter.*

B. Publication Requirements

Publicize the requirements for STSs and STSF NAS in the contractor's regular bulletins/newsletters, including information to hospitals and individual providers that a hardcopy STSF NAS form will be provided for verification that a STSF NAS has been issued.

